

Daily Manure Application Record (Permit MIG019000)

Date	Field ID	Field size (acres)
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Weather

Forecast less than 70% of 1/2" inch rain? ☐ yes ☐ no (DO NOT SPREAD)

Weather conditions during spreading*

☐ sunny ☐ partly cloudy ☐ cloudy ☐ rain (DO NOT SPREAD)

*If differing conditions exist within 24 hours prior-to or after application, check multiple conditions and note timing

Field Inspection (0 to 48 hours before land application)

inspector

Tile(s) flowing **immediately** prior to spreading? ☐ yes ☐ no ☐ NA

describe flow color and odor (multiple outlets on back if necessary)

Soil cracking evident? ☐ yes ☐ no Describe crop maturity

If yes, correct (till) prior to spreading on tiled land

Describe soil moisture ☐ dry ☐ moist ☐ saturated (DO NOT SPREAD)

Are conservation practices* functioning and in good condition? ☐ yes ☐ no ☐ NA

*Includes grassed waterways, buffer strips, diversions, etc. If "no" describe on back and DISCONTINUE SPREADING.

Application Information

spreader name/ID	application method	capacity	time am pm
Daily Equipment Insp*: <input type="checkbox"/> No problems with leaks, structural integrity, or proper O&M			
<small>*DO NOT SPREAD if the box above is not checked. Record any corrective actions necessary on back.</small>			
manure source	loads		
goal application rate/acre			
actual application rate/acre	total volume or weight applied	acres covered	

Follow Up

Tile(s) flowing at end of daily spreading? ☐ yes ☐ no ☐ NA

describe flow color and odor (multiple outlets on back if necessary)

Inspector:

manure incorporation date or no incorp. explanation*

manure incorporation method

*only: within 24 hrs, frozen, snow covered, or forage crop

Tile(s) flowing after first 1/2" rain w/in 30 days of application? ☐ yes ☐ no ☐ NA

date of inspection

describe flow color and odor (multiple outlets on back if necessary)

Inspector:

Michigan Department of Environmental Quality

Field Inspections (pg 1 of 2)

CAFO Permit MIG0190000

Part 1, Section A.4.b.7)b) C)

Month_

Year

Prior to land application (48 hours or less)

[illegible]

* If waste application continues for more than a day, check field(s) at end of the day. If not, inspect field immediately following application.

Michigan Department of Environmental Quality

Field Inspections (pg 2 of 2)

CAFO Permit MIG0190000

Part 1, Section A.4.b.7)b) D) and E)

Month _____ Year _____

After land application or at end of day*

Within 24 hours after first rain event of 1/2 inch or more*

[illegible]

*All tiled fields to which waste has been applied in the prior 30 days of the rain event of 1/2 inch or more.

Michigan Department of Environmental Quality

Land Application Log

CAFO Permit MIG0190000,

Part 1, Section A.4.b.7)g) A) and D)

Month _____ Year _____

[illegible]

Part 1, Section A.4.b.7)b)F)

Daily inspections when land applying waste

[illegible]

MI MANIFEST for LARGE CAFO WASTE

No. _____

This form is to be used where large CAFO waste (as defined in General Permit No. MIG019000) is sold, given away or otherwise transferred to another person (recipient) such that the land application of that large CAFO waste is no longer under the operational control of the large CAFO owner or operator that generates the large CAFO waste (generator). Once completed, this form is to be kept with the generator's CNMP for a minimum of five years.

GENERATOR INFORMATION: Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Nutrient Concentration (lbs/1000 gal. or lbs/ton): Phosphorus (P₂O₅): _____ Total Nitrogen: _____

Waste Type: _____ (solid, liquid, beef, dairy, compost, etc.)

"I hereby declare that the large CAFO waste is accurately described above and is suitable for land application."

Signature: _____ Date: _____

RECIPIENT INFORMATION: Name: _____

Address: _____ City: _____ State: _____ Zip: _____

"I hereby declare that the large CAFO waste described above will be properly land applied and that the destination information provided below is accurate."

Signature: _____ Date: _____

DESTINATION/DISPOSAL INFORMATION:

Field location or other destination/disposal information: _____

_____		_____		_____		No. of Acres: _____
Date	Quantity	Date	Quantity	Date	Quantity	

Field location or other destination/disposal information: _____

_____		_____		_____		No. of Acres: _____
Date	Quantity	Date	Quantity	Date	Quantity	

Field location or other destination/disposal information: _____

_____		_____		_____		No. of Acres: _____
Date	Quantity	Date	Quantity	Date	Quantity	

Field location or other destination/disposal information: _____

_____		_____		_____		No. of Acres: _____
Date	Quantity	Date	Quantity	Date	Quantity	

Field location or other destination/disposal information: _____

_____		_____		_____		No. of Acres: _____
Date	Quantity	Date	Quantity	Date	Quantity	

Michigan Department of Environmental Quality

Daily Inspections and O&M (pg 1 of 2)

CAFO Permit MIG0190000

Part 1, Section A.4.b.6)

Month _____ Year _____

Water Lines: waste water as well as drinking & cooling water

Date	Staff	Any faulty or leaking lines?	If yes, explain or mark No	Record corrections made
1				
2				
3				
4				
5				
6				
7				
8				
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31				

Michigan Department of Environmental Quality

Daily Inspections and O&M (pg 2 of 2)

CAFO Permit MIG0190000

Part 1, Section A.4.b.6)

Month _____ Year _____

Above ground piping and transfer lines

Date	Staff	Any faulty or leaking lines?	If yes, explain or mark No	Record corrections made
1				
2				
3				
4				
5				
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Michigan Department of Environmental Quality

Weekly Inspections and O&M (pg 1 of 4)

CAFO Permit MIG0190000

Part 1, Section A.4.a.3) and Part 1, Section A.4.b.6)

Month _____ Year _____

Waste Storage Dikes and Berms: Any indications of cracking, inadequate vegetative cover, woody vegetation, overlow, leaks, seeps, erosion, slumping, animal damage, or damage to the liner?

[illegible]

Michigan Department of Environmental Quality

Weekly Inspections and O&M (pg 2 of 4)

CAFO Permit MIG0190000

Part 1, Section A.4.a.3) and Part 1, Section A.4.b.6)

Month _____ Year _____

Waste Storage Control Devices: Any indication of malfunctioning lift stations, mechanical or electrical systems, transfer stations, pump stations, other control structures (valves, gates, etc.)?

[illegible]

Michigan Department of Environmental Quality

Weekly Inspections and O&M (pg 3 of 4)

Concentrated Animal Feeding Operation (CAFO), Permit MIG0190000

Part 1, Section A.4.a.3) and Part 1, Section A.4.b.6)

Month _____ Year _____

Manure/Waste Runoff Management Devices: Any indication of malfunctioning cleaning separators, barnyards, screens, etc?

[illegible]

Michigan Department of Environmental Quality

Weekly Inspections and O&M (pg 4 of 4)

Concentrated Animal Feeding Operation (CAFO), Permit MIG0190000

Part 1, Section A.4.a.3) and Part 1, Section A.4.b.6)

Month _____ Year _____

Stormwater: Any contaminants in catch basins, drainage ditches, floodwater diversion devices, etc?

[illegible]

Part 1, Section A.4.a.3)

[illegible]

Walnutdale Dairy Facility Mortality Records

Date: _____

[illegible]

Report of discharge from Manure and Wastewater Storage Structures and Land Application

Date of this report: _____

1. Location identification (Facility, Field): _____

2. Description of discharge, including description of the flow path to the surface water of the state:

3. Cause of the discharge:

4. Period of discharge, including exact dates and times, the anticipated time it is expected to continue.

5. Material type and Estimated Volume:

6. Corrective actions taken or planned to reduce, eliminate and prevent recurrence of the discharge:

7. Discharge discovered by: _____

8. Agencies/ Persons Contacted:

CSP Data Form -- Pasture Management		Year _____
Name: _____		Tract or Farm #: _____
_____		Pasture Number #: _____
Are you following a grazing plan? Yes _____ No _____		
Is livestock access to rivers, streams, and other surface water controlled? Yes _____ No _____		
Is offered pasture land free of active gullies (i.e. not supporting growing or live vegetation in the bottoms of the gully)? Yes _____ No _____		

Grazing Records						
Pasture ID _____		Pasture Acres _____			Forage Type _____	
Soil Test Date _____		Fertilizer Rate Applied _____			Type Applied _____ Date Applied _____	
Livestock		Date	Forage	Date	Forage	Notes
Type	Number	In	Height	Out	Height	

Grazing Records						
Pasture ID _____		Pasture Acres _____			Forage Type _____	
Soil Test Date _____		Fertilizer Rate Applied _____			Type Applied _____ Date Applied _____	
Livestock		Date	Forage	Date	Forage	Notes
Type	Number	In	Height	Out	Height	

Grazing Records						
Pasture ID _____		Pasture Acres _____			Forage Type _____	
Soil Test Date _____		Fertilizer Rate Applied _____			Type Applied _____ Date Applied _____	
Livestock		Date	Forage	Date	Forage	Notes
Type	Number	In	Height	Out	Height	

As part of your Conservation Security Program application, you will need to provide some farm records on pastures and hay fields to help document your conservation efforts. This worksheet will help you record needed information to be included with your application. If you have any questions, or need assistance in submitting this information, please contact NRCS at your local USDA Service Center.